

Or fiscal year beginning 2004 and ending

2005.

66

YOUR FIRST NAME AND INITIAL

LAST NAME

YOUR SOCIAL SECURITY NO.

1 TEST F STILES

400-00-7526

IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL

LAST NAME

SPOUSE'S SOCIAL SECURITY NO.

1

PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE

APT. NO.

DAYTIME PHONE: 928-555-1254

89 X

2 4664 COUSINS PL

94 HOME PHONE:

CITY, TOWN OR POST OFFICE

STATE

ZIP CODE

3 LAKE HAVASU CITY, AZ 86403

FOR DOR USE ONLY

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4 Married filing joint return

5 Head of household - name of qualifying child or dependent:

6 Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶

88

7 X Single

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8 00 Age 65 or over (you and/or spouse)

81

80

9 00 Enter the number claimed. Do not put a check mark.

Blind (you and/or spouse)

10 00 Dependents. From page 2, line A2 - do not include self or spouse.

82

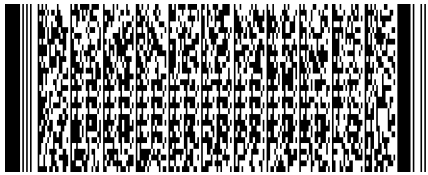
CHECK ONE if filing under an extension:

4 month extension 82D ☐6 month extension 82F ☐

11 00 Qualifying parents and ancestors of your parents. From page 2, line A5.

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THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN



12 Federal adjusted gross income . . . . . 12 50,276 00

13 Additions to income (from page 2, line B13) . . . . . 13 1,300 00

14 Add lines 12 and 13 . . . . . 14 51,576 00

15 (This line not used.)

16 Subtractions. No. from line C27a: 16 1 00

17 Arizona AGI. Line 14 minus line 16 . . . . . 17 51,576 00

18 18 ☐ ITEMIZED 18S ☒ STANDARD 18 4,050 00

19 Personal exemptions . . . . . 19 2,100 00

20 AZ taxable inc. Line 17 minus lines 18 &amp; 19 . . . . . 20 45,426 00

21 Compute tax. Use line 20 &amp; proper tax table . . . . . 21 1,531 00

22 Tax from recapture of credits . . . . . 22 00

23 Subtotal of tax. Add lines 21 and 22 . . . . . 23 1,531 00

24 - 25 Clean Elections Fund Tax Reduction.

24 1 ☒ YOURSELF 24 2 ☐ SPOUSE . . . . . 25 5 00

26 Reduced tax. Subtract line 25 from line 23 . . . . . 26 1,526 00

27 Family income tax credit from worksheet on page 14 of instructions . . . . . 27 00

28 Credits from Arizona Form 301, line 58, or Forms 310, 321, 322, and 323 if Form 301 is not required . . . . . 28 1,386 00

29 Credit type. Enter form number of each credit claimed: . . . . . 29 322 309 3 3 3

30 Clean Elections Fund Tax Credit. From worksheet on page 16 of the instructions . . . . . 30 00

31 Balance of tax. Subtract lines 27, 28 and 30 from line 26. If the sum of lines 27, 28 and 30 is more than line 26, enter zero . . . . . 31 140 00

32 Arizona income tax withheld during 2004 . . . . . 32 00

33 Arizona estimated tax payments for 2004 . . . . . 33 00

34 Amount paid with 2004 Arizona extension request (Form 204) . . . . . 34 00

35 Increased Excise Tax Credit from worksheet on page 17 of the instructions . . . . . 35 00

36 Property Tax Credit from Form 140PTC . . . . . 36 00

37 Other refundable credits. Check box(es) & enter amount(s): 37A1 ☐ 329 37A2 ☐ 330 . . . . . 37 00

38 Total payments/refundable credits. Add lines 32 through 37. . . . . 38 00

39 TAX DUE. If line 31 is larger than line 38, subtract line 38 from line 31 and enter amount of tax due. Skip lines 40, 41 and 42 . . . . . 39 140 00

40 OVERPAYMENT. If line 38 is larger than line 31, subtract line 31 from line 38 and enter amount of overpayment. . . . . 40 00

41 Amount of line 40 to be applied to 2005 estimated tax . . . . . 41 00

42 Balance of overpayment. Subtract line 41 from line 40 . . . . . 42 00

43 - 50 Aid to Education (entire refund only) 43 00 Arizona Wildlife 44 00 Citizens Clean Elections 45 00

Child Abuse Prevention 46 00 Domestic Violence Shelter 47 00 Neighbors Helping Neighbors 48 00

Special Olympics 49 00 Political Gift 50 00

51 Check only one if making a political gift: 51 1 ☐ Democratic 51 2 ☐ Libertarian 51 3 ☐ Republican

52 Estimated payment penalty and MSA withdrawal penalty . . . . . 52 00

53 Check applicable boxes: 53 1 ☐ Annualized/Other 53 2 ☐ Farmer or Fisherman 53 3 ☐ Form 221 attached 53 4 ☐ MSA Penalty

54 Total of lines 43, 44, 45, 46, 47, 48, 49, 50 and 52 . . . . . 54 00

55 REFUND. Subtract line 54 from line 42. If less than zero, enter amount owed on line 56 . . . . . 55 00

Direct Deposit of Refund: See instructions.

ROUTING NUMBER

ACCOUNT NUMBER

C ☐ Checking orS ☐ Savings

56 AMOUNT OWED. Add lines 39 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment. . . . . 56 140 00

**PART A: Dependents and Qualifying Parents - do not list yourself or spouse**

**If completing Part A, also complete Part C, lines C16 and/or C17 and C18.**

<b>A1</b>	List children and other dependents. If more space is needed, attach a separate sheet.			LIVED IN YOUR HOME IN 2004	
	FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP		
<b>A2</b>	Enter total number of persons listed in A1 here and on page 1 of this form, box 10.			Also complete Part C below.	• • • • • TOTAL
				<b>A2</b>	0

**A3** Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

**A4** List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.

FIRST AND LAST NAME			SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2004
<b>A5</b>	Enter total number of persons listed in A4 here and on page 1 of this form, box 11. . . . . TOTAL			<b>A5</b>	0

### PART B: Additions to Income

<b>B6</b>	Non-Arizona municipal interest		<b>B6</b>		00
<b>B7</b>	Early withdrawal of Arizona Retirement System contributions not included on your federal return		<b>B7</b>		00
<b>B8</b>	Ordinary income portion of lump-sum distributions excluded on your federal return		<b>B8</b>	1,300	00
<b>B9</b>	Total federal depreciation		<b>B9</b>		00
<b>B10</b>	Medical savings account (MSA) distributions. See page 6 of the instructions		<b>B10</b>		00
<b>B11</b>	I.R.C. § 179 expense in excess of allowable amount. See page 6 of the instructions		<b>B11</b>		00
<b>B12</b>	Other additions to income. See instructions and attach your own schedule		<b>B12</b>		00
<b>B13</b>	<b>Total.</b> Add lines B6 through B12. Enter here and on page 1 of this form, line 13		<b>B13</b>	1,300	00

### PART C: Subtractions from Income

<b>C14</b>	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	<b>C14</b>		00
<b>C15</b>	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	<b>C15</b>		00
<b>C16</b>	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	<b>C16</b>		00
<b>C17</b>	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	<b>C17</b>		00
<b>C18</b>	Total exemptions: Add lines C14 through C17. <b>If you have no other subtractions from income, skip lines C19 through C29 and enter the amount on line C18 on Form 140, Page 1, line 16</b>			
<b>C19</b>	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	<b>C19</b>		00
<b>C20</b>	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	<b>C20</b>		00
<b>C21</b>	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	<b>C21</b>		00
<b>C22</b>	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return	<b>C22</b>		00
<b>C23</b>	Recalculated Arizona depreciation	<b>C23</b>		00
<b>C24</b>	Certain wages of American Indians	<b>C24</b>		00
<b>C25</b>	Income tax refund from other states. See instructions	<b>C25</b>		00
<b>C26</b>	Deposits and employer contributions into MSAs. See pages 9 and 10 of the instructions	<b>C26</b>		00
<b>C27</b>	Construction of an energy efficient residence. See page 10 of the instructions. Enter number: <b>C27a</b> <input type="text"/> , then amount.	<b>C27</b>		00
<b>C28</b>	Other subtractions from income. See instructions and attach your own schedule	<b>C28</b>		00
<b>C29</b>	Total: Add lines C18 through C28. Enter here and on page 1 of this form, line 16	<b>C29</b>		00

## Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

<b>P L E A S E  S I G N  H E R E</b>	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	▶	_____	<u>10-29-2004</u>
		YOUR SIGNATURE	DATE
	▶	_____	_____
		SPOUSE'S SIGNATURE	DATE
▶	_____	_____	
	PAID PREPARER'S SIGNATURE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)	
	_____	_____	
	PAID PREPARER'S TIN	DATE	PAID PREPARER'S ADDRESS
	_____	_____	_____

**If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).**

**If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138. (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).**

## Nonrefundable Individual Tax Credits and Recapture

2004

For the calendar year 2004, or

fiscal year beginning

and ending

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR or 140X

YOUR SOCIAL SECURITY NUMBER

400-00-7526

SPOUSE'S SOCIAL SECURITY NUMBER

TEST F STILES

## Part I Nonrefundable Individual Tax Credits

Enter total available tax credits.

1	Defense Contracting Credit from Form 302	1		00
2	Enterprise Zone Credit from Form 304	2		00
3	Environmental Technology Facility Credit from Form 305	3		00
4	Military Reuse Zone Credit from Form 306	4		00
5	Recycling Equipment Credit from Form 307	5		00
6	Credit for Increased Research Activities from Form 308-I	6		00
7	Credit for Taxes Paid to Another State or Country from Form 309	7	1,186	00
8	Credit for Solar Energy Devices from Form 310	8		00
9	Agricultural Water Conservation System Credit from Form 312	9		00
10	Carryover of Alternative Fuel Vehicle (AFV) Credit from Form 313	10		00
11	Underground Storage Tanks Credit from Form 314	11		00
12	Pollution Control Credit from Form 315	12		00
13	Construction Materials Credit from Form 316	13		00
14	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	14		00
15	Credit for Employment of TANF Recipients from Form 320	15		00
16	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	16		00
17	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	17	200	00
18	Credit for Contributions to School Tuition Organizations from Form 323	18		00
19	Agricultural Pollution Control Equipment Credit from Form 325	19		00
20	Carryover of Credit for Alternative Fuel Delivery Systems from Form 326	20		00
21	Carryover of Vehicle Refueling Apparatus Credit from Form 327	21		00
22	Neighborhood Electric Vehicle (NEV) Credit from Form 328	22		00
23	Credit for Donation of School Site from Form 331	23		00
24	Total Available Tax Credits: Add lines 1 through 23	24	1,386	00

## Part II Application of Tax Credits

Enter tax, recapture tax, and tax credits claimed this taxable year.

25	Tax from Form 140, line 21; or Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 26	25	1,531	00
26	Clean Elections Fund Tax Reduction from Form 140, line 25; or Form 140PY, line 28; or Form 140NR, line 28; or Form 140X, line 29	26	5	00
27	Subtract line 26 from line 25	27	1,526	00
28	Tax from recapture of Environmental Technology Facility Credit from Form 305, Part VI, line 34	28		00
29	Tax from recapture of Alternative Fuel Vehicle Credit from Form 313, Part VI, line 19	29		00
30	Tax from recapture of Neighborhood Electric Vehicle (NEV) Credit from Form 328, Part VIII, line 33	30		00
31	Recapture Total: Add lines 28 through 30. Enter here and on Form 140, line 22; or Form 140PY, line 25; or Form 140NR, line 25; or Form 140X, line 27	31		00
32	Subtotal: Add lines 27 and 31	32	1,526	00
33	Family Income Tax Credit from Form 140, line 27; or Form 140PY, line 30; or Form 140X, line 31	33		00
34	Subtract line 33 from line 32	34	1,526	00

Continued on page 2 ►

Nonrefundable Tax Credits Claimed

Enter amount of credits actually claimed from Part I.

35	Defense Contracting Credit from Form 302	35		00
36	Enterprise Zone Credit from Form 304	36		00
37	Environmental Technology Facility Credit from Form 305 (not to exceed 75% of line 32)	37		00
38	Military Reuse Zone Credit from Form 306	38		00
39	Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25% of line 32 or \$5,000)	39		00
40	Credit for Increased Research Activities from Form 308-I	40		00
41	Credit for Taxes Paid to Another State or Country from Form 309	41	1,186	00
42	Credit for Solar Energy Devices from Form 310	42		00
43	Agricultural Water Conservation System Credit from Form 312	43		00
44	Carryover of Alternative Fuel Vehicle (AFV) Credit from Form 313	44		00
45	Underground Storage Tanks Credit from Form 314	45		00
46	Pollution Control Credit from Form 315	46		00
47	Construction Materials Credit from Form 316	47		00
48	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	48		00
49	Credit for Employment of TANF Recipients from Form 320	49		00
50	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	50		00
51	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	51	200	00
52	Credit for Contributions to School Tuition Organizations from Form 323	52		00
53	Agricultural Pollution Control Equipment Credit from Form 325	53		00
54	Carryover of Credit for Alternative Fuel Delivery Systems from Form 326	54		00
55	Carryover of Vehicle Refueling Apparatus Credit from Form 327	55		00
56	Credit for Neighborhood Electric Vehicle (NEV) from Form 328	56		00
57	Credit for Donation of School Site from Form 331	57		00
58	Total Tax Credits Claimed: Add lines 35 through 57. Total cannot be more than line 34. Enter this amount on Form 140, line 28; or Form 140PY, line 31; or Form 140NR, line 30; or Form 140X, line 32	58	1,386	00

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

For the calendar year 2004, or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Attach to your return. A separate form must be filed for each state or country for which a credit is claimed.

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X	YOUR SOCIAL SECURITY NO.
	400-00-7526
	SPOUSE'S SOCIAL SECURITY NO.

TEST F STILES

Part I Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2004

Enter name of other state or country: MEXICO

	(a)	(b)	(c)
1 Description of income item(s). List each income item separately.			
	SAFARI TOURS		
2 Amount of income from item listed on line 1 reportable to both Arizona and the other state or country.	\$ 17,400	\$	\$
3 Portion of income included on line 2 subject to tax by Arizona.	\$ 17,400	\$	\$
4 Portion of income included on line 2 subject to tax by the other state or country.	\$ 17,400	\$	\$
5 Amount of income from item listed on line 1 which is subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4.	\$ 17,400	\$	\$
6 Total income subject to tax in both Arizona and the other state or country. Add line 5, columns (a), (b), and (c)		6	17,400 00

Part II Computation of Other State or Country Tax Credit (Read specific line instructions for Part II before completing this part.)

7 Arizona tax liability less any credits (except other state tax credit)	7	1,326	00
8 Amount from Part I, line 6	8	17,400	00
9 Entire income upon which Arizona tax is imposed. See instructions	9	51,576	00
10 Divide the amount on line 8 by the amount on line 9 (100% maximum)	10	33.7	%
11 Multiply the amount on line 7 by the percent on line 10	11	447	00
12 Income tax paid to (name of other state or country) MEXICO. See instructions	12	637	00
13 Amount from Part I, line 6	13	17,400	00
14 Entire income upon which other state's or country's income tax is imposed. See instructions page 4	14	17,400	00
15 Divide the amount on line 13 by the amount on line 14 (100% maximum)	15	100.0	%
16 Multiply the amount on line 12 by the percentage on line 15	16	637	00
17 Allowable credit for taxes paid to the above named other state or country: Enter the smaller of line 11 or line 16. See instructions	17	447	00

For the calendar year 2004, or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Attach to your return. A separate form must be filed for each state or country for which a credit is claimed.

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X	YOUR SOCIAL SECURITY NO.
	400-00-7526
	SPOUSE'S SOCIAL SECURITY NO.

TEST F STILES

Part I Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2004

Enter name of other state or country: FRANCE

	(a)	(b)	(c)
1 Description of income item(s). List each income item separately.			
	BANKING		
2 Amount of income from item listed on line 1 reportable to both Arizona and the other state or country.			
	\$ 6,700	\$	\$
3 Portion of income included on line 2 subject to tax by Arizona.			
	\$ 6,700	\$	\$
4 Portion of income included on line 2 subject to tax by the other state or country.			
	\$ 6,700	\$	\$
5 Amount of income from item listed on line 1 which is subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4.			
	\$ 6,700	\$	\$
6 Total income subject to tax in both Arizona and the other state or country. Add line 5, columns (a), (b), and (c)		6	6,700 00

Part II Computation of Other State or Country Tax Credit (Read specific line instructions for Part II before completing this part.)

7 Arizona tax liability less any credits (except other state tax credit)	7	1,326	00
8 Amount from Part I, line 6	8	6,700	00
9 Entire income upon which Arizona tax is imposed. See instructions	9	51,576	00
10 Divide the amount on line 8 by the amount on line 9 (100% maximum)	10	13.0	%
11 Multiply the amount on line 7 by the percent on line 10	11	172	00
12 Income tax paid to (name of other state or country) FRANCE. See instructions	12	416	00
13 Amount from Part I, line 6	13	6,700	00
14 Entire income upon which other state's or country's income tax is imposed. See instructions page 4	14	6,700	00
15 Divide the amount on line 13 by the amount on line 14 (100% maximum)	15	100.0	%
16 Multiply the amount on line 12 by the percentage on line 15	16	416	00
17 Allowable credit for taxes paid to the above named other state or country: Enter the smaller of line 11 or line 16. See instructions	17	172	00

For the calendar year 2004, or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Attach to your return. A separate form must be filed for each state or country for which a credit is claimed.

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X	YOUR SOCIAL SECURITY NO.
	400-00-7526
SPOUSE'S SOCIAL SECURITY NO.	

TEST F STILES

Part I Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2004

Enter name of other state or country: ARGENTINA

	(a)	(b)	(c)
1 Description of income item(s). List each income item separately.			
	SHIP LEASES		
2 Amount of income from item listed on line 1 reportable to both Arizona and the other state or country.	\$ 5,430	\$	\$
3 Portion of income included on line 2 subject to tax by Arizona.	\$ 5,430	\$	\$
4 Portion of income included on line 2 subject to tax by the other state or country.	\$ 5,430	\$	\$
5 Amount of income from item listed on line 1 which is subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4.	\$ 5,430	\$	\$
6 Total income subject to tax in both Arizona and the other state or country. Add line 5, columns (a), (b), and (c)		6	5,430 00

Part II Computation of Other State or Country Tax Credit (Read specific line instructions for Part II before completing this part.)

7 Arizona tax liability less any credits (except other state tax credit)	7	1,326	00
8 Amount from Part I, line 6	8	5,430	00
9 Entire income upon which Arizona tax is imposed. See instructions	9	51,576	00
10 Divide the amount on line 8 by the amount on line 9 (100% maximum)	10	10.5	%
11 Multiply the amount on line 7 by the percent on line 10	11	139	00
12 Income tax paid to (name of other state or country) ARGENTINA. See instructions	12	200	00
13 Amount from Part I, line 6	13	5,430	00
14 Entire income upon which other state's or country's income tax is imposed. See instructions page 4	14	5,430	00
15 Divide the amount on line 13 by the amount on line 14 (100% maximum)	15	100.0	%
16 Multiply the amount on line 12 by the percentage on line 15	16	200	00
17 Allowable credit for taxes paid to the above named other state or country: Enter the smaller of line 11 or line 16. See instructions	17	139	00

For the calendar year 2004, or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Attach to your return. A separate form must be filed for each state or country for which a credit is claimed.

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X	YOUR SOCIAL SECURITY NO. <b>400-00-7526</b>
	SPOUSE'S SOCIAL SECURITY NO.

TEST F STILES

Part I Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2004

Enter name of other state or country: IRELAND

	(a)	(b)	(c)
1 Description of income item(s). List each income item separately.			
	EXPORT LEASING		
2 Amount of income from item listed on line 1 reportable to both Arizona and the other state or country.	\$ 9,200	\$	\$
3 Portion of income included on line 2 subject to tax by Arizona.	\$ 9,200	\$	\$
4 Portion of income included on line 2 subject to tax by the other state or country.	\$ 9,200	\$	\$
5 Amount of income from item listed on line 1 which is subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4.	\$ 9,200	\$	\$
6 Total income subject to tax in both Arizona and the other state or country. Add line 5, columns (a), (b), and (c)		6	9,200 00

Part II Computation of Other State or Country Tax Credit (Read specific line instructions for Part II before completing this part.)

7 Arizona tax liability less any credits (except other state tax credit)	7	1,326	00
8 Amount from Part I, line 6	8	9,200	00
9 Entire income upon which Arizona tax is imposed. See instructions	9	51,576	00
10 Divide the amount on line 8 by the amount on line 9 (100% maximum)	10	17.8	%
11 Multiply the amount on line 7 by the percent on line 10	11	236	00
12 Income tax paid to (name of other state or country) IRELAND. See instructions	12	540	00
13 Amount from Part I, line 6	13	9,200	00
14 Entire income upon which other state's or country's income tax is imposed. See instructions page 4	14	9,200	00
15 Divide the amount on line 13 by the amount on line 14 (100% maximum)	15	100.0	%
16 Multiply the amount on line 12 by the percentage on line 15	16	540	00
17 Allowable credit for taxes paid to the above named other state or country: Enter the smaller of line 11 or line 16. See instructions	17	236	00



For the calendar year 2004, or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Attach to your return. A separate form must be filed for each state or country for which a credit is claimed.

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X	YOUR SOCIAL SECURITY NO.
	400-00-7526
	SPOUSE'S SOCIAL SECURITY NO.

TEST F STILES

Part I Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2004

Enter name of other state or country: ISRAEL

	(a)	(b)	(c)
1 Description of income item(s). List each income item separately.			
	EXPORT SALES		
2 Amount of income from item listed on line 1 reportable to both Arizona and the other state or country.	\$ 7,500	\$	\$
3 Portion of income included on line 2 subject to tax by Arizona.	\$ 7,500	\$	\$
4 Portion of income included on line 2 subject to tax by the other state or country.	\$ 7,500	\$	\$
5 Amount of income from item listed on line 1 which is subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4.	\$ 7,500	\$	\$
6 Total income subject to tax in both Arizona and the other state or country. Add line 5, columns (a), (b), and (c)		6	7,500 00

Part II Computation of Other State or Country Tax Credit (Read specific line instructions for Part II before completing this part.)

7 Arizona tax liability less any credits (except other state tax credit)	7	1,326	00
8 Amount from Part I, line 6	8	7,500	00
9 Entire income upon which Arizona tax is imposed. See instructions	9	51,576	00
10 Divide the amount on line 8 by the amount on line 9 (100% maximum)	10	14.5	%
11 Multiply the amount on line 7 by the percent on line 10	11	192	00
12 Income tax paid to (name of other state or country) ISRAEL. See instructions	12	700	00
13 Amount from Part I, line 6	13	7,500	00
14 Entire income upon which other state's or country's income tax is imposed. See instructions page 4	14	7,500	00
15 Divide the amount on line 13 by the amount on line 14 (100% maximum)	15	100.0	%
16 Multiply the amount on line 12 by the percentage on line 15	16	700	00
17 Allowable credit for taxes paid to the above named other state or country: Enter the smaller of line 11 or line 16. See instructions	17	192	00

For the calendar year 2004, or

fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_ .

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X	YOUR SOCIAL SECURITY NO. <b>400-00-7526</b>
	SPOUSE'S SOCIAL SECURITY NO.

TEST F STILES  
Current Year's Credit

1a Contributions made or qualifying fees paid to:

Name of public school located in Arizona: LAKE HAVASU ELEMENTARY

Address of school: 12 HAZY LANE

TUCSON, AZ 85701

School district in which school is located: TUCSON

Amount of contributions made or fees paid to school named on line 1a . . . . . 1a 200 00

1b Contributions made or qualifying fees paid to:

Name of public school located in Arizona: \_\_\_\_\_

Address of school: \_\_\_\_\_

School district in which school is located: \_\_\_\_\_

Amount of contributions made or fees paid to school named on line 1b . . . . . 1b \_\_\_\_\_ 00

If you made contributions or paid qualifying fees to more than 2 schools, attach a separate schedule.

1c Total contributions made and fees paid to public schools in Arizona during 2004 . . . . .	1c	200	00
2 Single taxpayers or heads of household, enter \$200 here. Married taxpayers enter \$250 here. . . . .	2	200	00
3 Current year's credit: enter the smaller of line 1c or line 2. If you are married filing a separate return, enter one-half of the smaller of line 1c or line 2 . . . . .	3	200	00

Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b)
4	1999	\$	\$	\$
5	2000	\$	\$	\$
6	2001	\$	\$	\$
7	2002	\$	\$	\$
8	2003	\$	\$	\$
9	TOTAL AVAILABLE CARRYOVER			\$

Total Available Credit

10 Current year's credit: Enter the amount from line 3 . . . . .	10	200	00
11 Available credit carryover from line 9, column (d) . . . . .	11		00
12 Total available credit. Add line 10 and line 11. Enter the total here and see the instructions. . . . .	12	200	00

00 - 561332 - 07526 - 5

FOR DOR USE ONLY. DO NOT WRITE OR STAPLE IN THIS SPACE.

**ARIZONA FORM****AZ-8453****Arizona Individual Income Tax Declaration  
for Electronic Filing****2004**

For the year January 1 through December 31, 2004.

**PLEASE PRINT OR TYPE.**

YOUR FIRST NAME AND INITIAL <b>TEST F STILES</b>		LAST NAME	YOUR SOCIAL SECURITY NO. <b>400-00-7526</b>
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL		LAST NAME	SPOUSE'S SOCIAL SECURITY NO.
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE, APT. NO. <b>4664 COUSINS PL</b>		TELEPHONE NUMBER (optional) <b>928-555-1254</b>	
CITY, TOWN OR POST OFFICE <b>LAKE HAVASU CITY, AZ</b>	STATE <b>AZ</b>	ZIP CODE <b>86403</b>	

**PART I - TAX RETURN INFORMATION (whole dollars only)**

<b>1</b>	<b>Adjusted Gross Income</b> (e.g. Form 140, line 17. See instructions for others.)	<b>1</b>	<b>51,576</b>	<b>00</b>
<b>2</b>	<b>Balance Of Tax</b> (e.g. Form 140, line 31. See instructions for others.)	<b>2</b>	<b>140</b>	<b>00</b>
<b>3</b>	<b>Arizona Income Tax Withheld</b> (e.g. Form 140, line 32. See instructions for others.)	<b>3</b>		<b>00</b>
<b>4</b>	<b>Refund</b> (e.g. Form 140, line 55. See instructions for others.)	<b>4</b>		<b>00</b>
<b>5</b>	<b>Amount You Owe</b> (e.g. Form 140, line 56. See instructions for others.)	<b>5</b>	<b>140</b>	<b>00</b>

**PART II - DECLARATION OF TAXPAYER - Sign only after completing Part I**

- 6a** ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2004 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b** ☐ I do not want direct deposit of my refund **or** I am not receiving a refund.
- 6c** ☒ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability by April 15, 2005, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

Under penalties of perjury, I declare that the information I have given my Electronic Return Preparer (ERP) or On-Line Service Provider (OLSP) and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2004 Arizona income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERP or OLSP sending my return and accompanying schedules and statements to DOR, and I consent to my ERP or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERP, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted, and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERP, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERP for a copy of my return, any attachments or schedules to my return, and/or this executed Form AZ-8453, I authorize my ERP to release copies of the requested documents to DOR.

Sign Here	YOUR SIGNATURE	10-29-2004	DATE	SPOUSE'S SIGNATURE (If joint return, both must sign.)	DATE

**PART III - DECLARATION OF ELECTRONIC RETURN PREPARER (ERP) AND PAID PREPARER (See instructions)**

I declare that I have reviewed the above taxpayer's return and that the entries on Form AZ-8453 are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the Arizona Department of Revenue a copy of this Form AZ-8453. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERP Use Only	SIGNATURE OF ERP	10-29-2004	DATE	CHECK IF PAID PREPARER <input type="checkbox"/>	CHECK IF SELF-EMPLOYED <input type="checkbox"/>	YOUR SOCIAL SECURITY NO.
	<b>DRAKE INCOME TAX &amp; ACCOUNTING</b>					<b>56-1494243</b>
	FIRM'S NAME (or yours if self-employed) <b>235 E PALMER</b>					EIN
	<b>FRANKLIN, NC 28734</b>					<b>8285242922</b>
	FIRM'S ADDRESS (include zip code)					TELEPHONE NUMBER

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	PREPARER'S SIGNATURE	10-29-2004	DATE	CHECK IF SELF-EMPLOYED <input type="checkbox"/>	YOUR SOCIAL SECURITY NO.	
	FIRM'S NAME (or yours if self-employed)					EIN
	FIRM'S ADDRESS (include zip code)					TELEPHONE NUMBER

<b>a</b> Control number				<b>Safe, accurate, FAST! Use</b> <b>irs e-file</b> Visit the IRS website at <b>www.irs.gov.</b>	
<b>b</b> Employer identification number <b>93-1422446</b>		<b>1</b> Wages, tips, other compensation <b>17,400</b>		<b>2</b> Federal income tax withheld <b>2,100</b>	
<b>c</b> Employer's name, address, and ZIP code <b>MEXICO AVENTURAS</b>  <b>RIO LERMO NO 1665 81000 XALAPA VERACRUZ</b>		<b>3</b> Social security wages <b>17,400</b>		<b>4</b> Social security tax withheld <b>1,079</b>	
		<b>5</b> Medicare wages and tips <b>17,400</b>		<b>6</b> Medicare tax withheld <b>252</b>	
		<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Employee's social security number <b>400-00-7526</b>		<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial      Last name  <b>TEST F      STILES</b> <b>4664 COUSINS PL</b> <b>LAKE HAVASU CITY      AZ      86403</b>		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
		<b>13</b> Statutory employee   Retmnt. plan   Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b>	
		<b>14</b> Other <b>FOR TAX      1,600</b>		<b>12c</b>	
				<b>12d</b>	
<b>f</b> Employee's address and ZIP code					
<b>15</b> State      Employer's state I.D. no. <b>AZ      934142</b>	<b>16</b> State wages, tips, etc. <b>17,400</b>	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

Form **W-2 Wage and Tax Statement**

**2004**

Department of the Treasury-Internal Revenue Service

**Copy B - To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code  <b>GOLDEN YEARS RETIREMENT FUNDS</b>  <b>129 QUEBEC BLVD</b> <b>ATLANTA</b> <b>GA 30348</b>		<b>1</b> Gross distribution \$ <b>3,800</b>		OMB No. 1545-0119  <b>2004</b>  Form <b>1099-R</b>		<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
		<b>2a</b> Taxable amount \$ <b>3,800</b>				
		<b>2b</b> Taxable amount not determined <input type="checkbox"/>		Total distribution <input checked="" type="checkbox"/>		
PAYER'S Federal identification number  <b>99-5244433</b>	RECIPIENT'S identificaton number  <b>400-00-7526</b>	<b>3</b> Capital gain (included in box 2a) \$		<b>4</b> Federal income tax withheld \$ <b>480</b>		<b>Copy B</b>  Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.
RECIPIENT'S name  <b>TEST F STILES</b> Street address (including apt. no.)  <b>4664 COUSINS PL</b> City, state, and ZIP code <b>LAKE HAVASU CITY</b> <b>AZ 86403</b>		<b>5</b> Employee contributions or insurance premiums \$		<b>6</b> Net unrealized appreciation in employer's securities \$		
		<b>7</b> Distribution Code <b>4A</b>	IRA/SEP/SIMPLE <input type="checkbox"/>	<b>8</b> Other \$ %		
		<b>9a</b> Your percentage of total distribution <b>50</b> %		<b>9b</b> Total employee contributions \$		
Account number (optional)		<b>10</b> State tax withheld \$		<b>11</b> State/Payer's state no.		<b>12</b> State distribution \$
		\$				\$
		<b>13</b> Local tax withheld \$		<b>14</b> Name of locality		<b>15</b> Local distribution \$
		\$				\$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

**\*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*****Line 9 - Entire Income Upon Which Arizona Tax is Imposed (Residents)**

Enter your entire income upon which Arizona tax is imposed. This is the Arizona adjusted gross income excluding allowable exemptions for age 65 or over, blind, dependents, or qualifying parents and ancestors.

Use the appropriate worksheet to figure your entire income upon which Arizona tax is imposed.

**Worksheet for Arizona Residents**

1. Enter the amount from  
Arizona Form 140,  
page 1, line 17. . . . 51,576
  
2. Enter the amount from  
Arizona Form 140,  
page 2, line C18. . . . \_\_\_\_\_
  
3. Add the amount on  
lines 1 and 2. Enter  
the total here and on  
line 9 of Arizona  
Form 309. . . . . 51,576

## \*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*

**Lines 24 and 25 - Clean Elections Fund Tax Reduction Worksheet**

You may designate \$5 of your tax go to the Clean Elections Fund and may also reduce your tax by up to \$5. If you are married filing a joint return, both you and your spouse may make this designation and also reduce your tax by up to \$10.

**NOTE:** Amounts designated to the Clean Elections Fund here do not qualify for the credit on line 30.

1. Enter the amount of tax from Form 140,  
page 1, line 23. . . . . 1. 1,531
2. If you checked box 24-1, enter \$5. If a  
joint return and your spouse also  
checked box 24-2, enter \$10. . . . . 2. 5
3. Balance of tax eligible for tax reduction.  
Subtract line 2 from line 1. If less than  
zero, enter zero "0". . . . . 3. 1,526
4. If you checked box 24-1, enter \$5. If a joint  
return and your spouse also checked box  
24-2, enter \$10. . . . . 4. 5
5. Tax reduction. Enter the lesser of line 3  
or line 4. Also enter this amount on Form  
140, page 1, line 25. . . . . 5. 5

Name(s)

TEST F STILES

Your social security number

400-00-7526

1. AZ-TC309 A Tax Credit can ONLY be claimed if it is for one of the following:

## Resident Qualifying States:

AL, AR, CO, CT, DE, GA, HI, ID, IL, IA, KS, KY, LA, ME  
MD, MA, MI, MN, MS, MO, MT, NE, NJ, NM, NY, NC, ND, OH  
OK, PA, RI, SC, UT, VT, WV, WI

## Nonresident Qualifying States:

CA, DC, IN, OR, VA

2. AZ 140A is not allowed due to credit amount from Form AZ-301.
3. If you want to suppress the state's notes page from generating when it only concerns long form vs. short form do the following:

Escape out of the tax package data entry screen, go to Setup-Options-States tab. Select AZ from the list; check box for "Suppress the AZ Notes Page concerning ONLY the reason a short form did not print.

Note: This will turn off ONLY notes about why an Arizona short form was not generated.